


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 MAY -1 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northum  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 723106 (1)  
1. Corporation Name  
INDIAN RIVER HOSPITAL FOUNDATION, INC.

Principal Place of Business Mailing Address  
1000-36TH STREET VERO BEACH FL 32960  
1000-36TH STREET VERO BEACH FL 32960

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/20/1972 3a. Date of Last Report 02/08/1994

4. FEI Number 59-0760215 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. The corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
O'GRADY, MICHAEL J. JR.  
1000-36TH STREET  
VERO BEACH FL 32960

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title of applicant) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHYTE, WILLIAM G.	12 NAME	Donald M. Houpt
STREET ADDRESS	220 LIVE OAK WAY	13 STREET ADDRESS	100 Ocean Road, Apt. 112
CITY, ST, ZIP	VERO BEACH FL	14 CITY, ST, ZIP	Vero Beach, FL 32963
TITLE	VD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASHIN, THOMAS H	22 NAME	Harcourt Amory, Jr.
STREET ADDRESS	60 DOVE PLUM RD	23 STREET ADDRESS	5680 North A1A, Apt. 107
CITY, ST, ZIP	VERO BEACH FL	24 CITY, ST, ZIP	Vero Beach, FL 32963
TITLE	STD	31 TITLE	Treasurer/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOCK, MARIAN	32 NAME	Bruce W. Brown
STREET ADDRESS	2180 10TH AVE.	33 STREET ADDRESS	1250 W. Southwinds Blvd.
CITY, ST, ZIP	VERO BEACH FL	34 CITY, ST, ZIP	Vero Beach, FL 32963
TITLE	PD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUP, DONALD M JR	42 NAME	
STREET ADDRESS	100 OCEAN RD, APT 112	43 STREET ADDRESS	
CITY, ST, ZIP	VERO BCH FL	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMORY, HARDCOURT J	52 NAME	
STREET ADDRESS	5680 NO A1A, APT 107	53 STREET ADDRESS	
CITY, ST, ZIP	VERO BCH FL	54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeune T. Grumman, Exec Dir* 4/26/95 407-567-4341  
 Jeune T. Grumman, Executive Director  
 4T 1612  
 00000000

123186

ACCOUNT NUMBER 736-74C21  
 MERRILL LYNCH TRUST COMPANY-TRUSTEE  
 INDIAN RIVER HOSPITAL FOUNDATION  
 POOLED INCOME FUND TRUST

TRUST SUMMARY STATEMENT

STATEMENT PERIOD
09/01/94 TO 09/30/94

TRUST OFFICER  
 DEBORAH SNOOK  
 1-800-637-8778

FINANCIAL CONSULTANT  
 LOIS APPEBY

MR WILLIAM G WHYTE  
 INDIAN RIVER HOSPITAL FOUNDATION  
 1000 36TH STREET  
 VERO BEACH, FL 32960

MONTHLY ACTIVITY SUMMARY

DEBITS	CREDITS
OPENING BALANCE	0.17
PURCHASES	
SALES	
INCOME	569.84
FUNDS RECEIVED	
DISBURSEMENTS	
FEES	
MONEY FUNDS PURCHASES	
SALES	
OTHER	
CLOSING BALANCE	1.01

INCOME AND CAPITAL CHANGE SUMMARY

INCOME SUMMARY	THIS MONTH	YEAR TO DATE
CMA DIVIDENDS	20.55	130.14
OTHER DIVIDENDS	549.29	3,954.24
INTEREST		
OTHER INCOME		
TOTAL INCOME	569.84	4,084.38
CAPITAL CHANGE SUMMARY		
CAPITAL GAIN		
CAPITAL LOSS		
NET	0.00	0.00

TOTAL ACCOUNT SUMMARY

	THIS MONTH		LAST MONTH	
	TOTAL	PCT	TOTAL	PCT
PRINCIPAL INVESTMENTS	84,185.17	100.0	86,938.29	100.0
INCOME INVESTMENTS	1,538.54	100.0	86,938.29	100.0
CASH	.47	0.0	.17	0.0
EQUITIES	80,056.70	93.4	81,841.12	94.1
MUTUAL FUNDS				
MUNICIPAL BONDS				
CORP/GOV'T BOND				
MONEY FUNDS	4,128.00	6.6	5,097.00	5.9
COMMON TRUST FUNDS				
CERT'F OF DEPOSIT				
OTHER				
TOTAL	85,723.71	100.0	86,938.29	100.0
NET \$ CHANGE				
				1,214.58-

STATEMENT OF PRINCIPAL INVESTMENTS AS OF 09/30/94 ACCOUNT NUMBER 736-74C21 INDIAN RIVER HOSPITAL FOUNDATION

VALUATION STATEMENT

QUANTITY	DESCRIPTION	COST BASIS /PRICE	TOTAL MARKET /PRICE	% OF TOTAL PORTFOLIO AT MARKET	ESTIMATED ANNUAL INCOME	% YIELD MARKET VALUE
* MUTUAL FUNDS/UIT *						
1,661.615	MERRILL LYNCH FEDERAL SECURITIES TRUST CL A	\$16,666.00 10.03	\$15,353.32 9.24	18.24	1,020.23	6.65
6,007.742	MERRILL LYNCH CORP BD FD INVST GRADE PORT CL A	72,300.64 12.03	64,703.38 10.77	76.86	4,704.06	7.27
	* TOTAL MUTUAL FUNDS/UIT *	\$88,966.64	\$80,056.70	95.10	\$5,724.29	7.15
* MONEY FUNDS AND CASH *						
4,126	CMA MONEY FUND	\$4,128.00	\$4,128.00	4.90	172.55	4.18
	CASH	.47	.47	0.00	N/A	N/A
	* TOTAL MONEY FUNDS AND CASH *	\$4,128.47	\$4,128.47	4.90	\$172.55	4.18
	** TOTAL ASSETS **	\$93,095.11	\$84,185.17	100.00	\$5,896.84	7.00

NON-TECH



Trust Management Account

123106

STATEMENT OF INCOME INVESTMENTS  
AS OF 09/30/94

ACCOUNT NUMBER 736-74021  
INDIAN RIVER HOSPITAL FOUNDATION

VALUATION STATEMENT

PAGE 3

QUANTITY	DESCRIPTION	COST BASIS /PRICE	TOTAL MARKET /PRICE	% OF TOTAL PORTFOLIO AT MARKET	ESTIMATED ANNUAL INCOME	% YIELD MARKET VALUE
1,538	* MONEY FUNDS AND CASH *	\$1,538.00	\$1,538.00	99.96	64.29	4.18
	CMA MONEY FUND					
	CASH	.54	.54	0.04	N/A	N/A
	* TOTAL MONEY FUNDS AND CASH *	\$1,538.54	\$1,538.54	100.00	\$64.29	4.18
	** TOTAL ASSETS **	\$1,538.54	\$1,538.54	100.00	\$64.29	4.18

MEMORANDUM

Merrill Lynch Trust Company

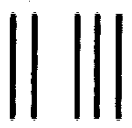


Merrill Lynch

728106



Trust Management Account



ACCOUNT NO.  
736-74021

STATEMENT OF ACCOUNT

INDIAN RIVER HOSPITAL FOUNDATION

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DATE	DESCRIPTION	INCOME CASH	PRINCIPAL CASH	ASSET CARRYING VALUE
08/31/94	BEGINNING BALANCES	968.70	968.53DR	94,063.64
09/23/94	DIVIDEND MERRILL LYNCH CORP BD FD INST GRADE PORT CL A	451.36		
09/26/94	BOUGHT 451 SHARES CHA MONEY FUND AT \$1		451.00DR	451.00
09/27/94	DIVIDEND MERRILL LYNCH FEDERAL SECURITIES TRUST CL A	97.93		
09/28/94	BOUGHT 98 SHARES CHA MONEY FUND AT \$1		98.00DR	98.00
09/30/94	DIVIDEND CHA MONEY FUND	20.55		
09/30/94	REINVESTMENT OF DIVIDEND CHA MONEY FUND		20.00DR	20.00
	ENDING BALANCES	1,538.54	1,537.53DR	94,632.64
	ENDING NET CASH BALANCE		1.01	

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END OF STATEMENT

Merrill Lynch Trust Company

723106

DR-617  
R.11/94

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
APPLICATION FOR EXCLUSION FROM FILING STOCKBROKER POSITION STATEMENT  
AS OF DECEMBER 31, \_\_\_\_\_

COMPANY NAME Indian River Hospital Foundation FEI Number  
DEALER FILE NUMBER 59-0760215  
ADDRESS 1000 36th Street  
CITY Vero Beach STATE FL ZIP CODE 32963

EXCLUSION FROM FILING UNDER PROVISION OF SECTION 199.062(3), F.S. AS INDICATED BELOW:

- 1. SELLS LIMITED PARTNERSHIPS AND/OR DIRECT PRIVATE PLACEMENTS.
- 2. REGISTERED INVESTMENT ADVISOR AND DOES NOT MAINTAIN ACCOUNTS FOR CUSTOMERS.
- 3. SELLS SECURITIES OR ANNUITIES BUT DOES NOT MAINTAIN CUSTOMER ACCOUNTS THROUGH ITSELF OR AN AGENT.
- 4. AN INTRODUCING DEALER WHO IS FULLY DISCLOSED.  
CLEARING FIRM'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ / \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_

- 5. OTHER: Pooled Income Fund marketed (not very well) by the Indian River Hospital Foundation, and managed by the Merrill Lynch Trust Co., who handles all disbursements, and statements to participants as well as investments.

There are only two participants in the Fund.

ITG

I CERTIFY THAT THE INFORMATION ENTERED ON THIS APPLICATION, INCLUDING ATTACHED STATEMENTS, HAS BEEN EXAMINED BY ME AND IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, CORRECT AND COMPLETE.

COMPANY REPRESENTATIVE SIGNATURE: James S. Grumman  
TITLE: Exec. Dir. DATE: 4/25/95

MAIL TO: FLORIDA DEPARTMENT OF REVENUE  
DIVISION OF TAX PROCESSING  
REVIEW & MATH AUDIT III  
5050 W. TENNESSEE STREET  
TALLAHASSEE, FLORIDA 32399-0100